

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10 541221	FILING DATE			
CLAIMS							APPLICANT(S)				
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1							51				
2							52				
3							53				
4							54				
5							55				
6							56				
7							57				
8							58				
9							59				
10							60				
11	1						61				
12		1					62				
13			1				63				
14							64				
15							65				
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43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	2	↓		↓		↓	TOTAL IND.	↓		↓	↓
TOTAL DEP.	11	←		←		←	TOTAL DEP.	←		←	←
TOTAL CLAIMS	13	████████	████████	████████	████████	████████	TOTAL CLAIMS	████████	████████	████████	████████